



## Appointment Confirmation

*Write this in the description of the Calendar Invite in Outlook/Mozilla/System used*

**Subject:** Your Appointment with Dr. O'Callaghan Dental Care is Confirmed

Dear {FirstName},

Thank you for booking your appointment with Dr. O'Callaghan Dental Care.

Here are the details of your upcoming visit:

**Date:** {AppointmentDate}

**Time:** {AppointmentTime}

**Location:** 30 Hof Steet, Malmesbury, 7600

If you are a first time patient, please arrive 15 minutes early to complete any necessary paperwork or fill in the paperwork online prior to your appointment at <https://drhenryocal.co.za/medical-documents> . If you have recent medical updates or are taking new medications, kindly let us know beforehand.

If you need to reschedule, reply to this email or call us at [082 508 0117](tel:0825080117).

We look forward to seeing you!

Kind regards,

{Your Name} | Dr. O'Callaghan Dental Care

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## Appointment Reminder (24–48 hrs before)

**Subject:** Reminder: Your Appointment on {AppointmentDate}

Hi {FirstName},

This is a friendly reminder of your appointment at **Dr. O'Callaghan Dental Care:**

**Date:** {AppointmentDate}

**Time:** {AppointmentTime}

Please remember to brush before your visit and bring along your medical aid card (if applicable). If you can't make it, let us know as soon as possible so we can assist you in rescheduling.

See you soon!

{Your Name} | Dr. O'Callaghan Dental Care

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## Missed Appointment / No-Show

**Subject:** We Missed You at Your Appointment

Dear {FirstName},



We noticed you weren't able to attend your appointment on {AppointmentDate}. We completely understand that unexpected things happen.

To ensure your dental health is maintained, we encourage you to reschedule at your earliest convenience.

You can call us at [082 508 0117](tel:0825080117) reply to this email to book a new time.

We look forward to seeing you soon.

Kind regards,

Dr. O'Callaghan Dental Care

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### Follow-Up After Treatment

**Subject:** How Are You Feeling After Your Visit?

Hello {FirstName},

We hope you are feeling comfortable after your recent {TreatmentName} on {AppointmentDate}. Please remember to:

- Follow any care instructions given by Dr. O'Callaghan
- Take prescribed medication as directed
- Contact us if you experience unusual discomfort, swelling, or bleeding

Your dental health is our priority. If you have questions, don't hesitate to reach out.

Take care,

{Your Name} | Dr. O'Callaghan Dental Care

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### Recall / Routine Check-Up Reminder

**Subject:** Time for Your 6-Month Dental Check-Up

Hi {FirstName},

It's been about {MonthsSinceLastVisit} months since your last dental check-up. Regular visits help prevent problems and keep your smile healthy.

We'd love to see you back at Dr. O'Callaghan Dental Care!

Book your appointment by calling [082 508 0117](tel:0825080117) or reply to this email.

Keep smiling,

Dr. O'Callaghan Dental Care

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### Treatment Plan & Estimate



**Subject:** Your Treatment Plan and Estimate from Dr. O'Callaghan Dental Care

Dear {FirstName},

Following your recent consultation, Dr. {DentistName} has prepared a treatment plan for you.

**Recommended Treatment(s):** {TreatmentList}

**Estimated Cost:** {EstimateAmount}

**Estimated Duration:** {TreatmentDuration}

Please review the attached details and let us know if you would like to proceed. We're happy to answer any questions or discuss payment options.

Kind regards,

Dr. O'Callaghan Dental Care

### Post-Procedure Care Tips (General Template)

**Subject:** Your Aftercare Instructions from Dr. O'Callaghan Dental Care

Hello {FirstName},

Thank you for visiting Dr. O'Callaghan Dental Care. Below are important care instructions following your {ProcedureName}:

- ✓ Avoid eating until numbness wears off
- ✓ Stick to soft foods for the first 24 hours
- ✓ Take medication as prescribed
- ✓ Avoid smoking/alcohol for {X} hours
- ✓ Contact us immediately if you experience severe pain, swelling, or fever

We care about your recovery—please don't hesitate to reach out with any concerns.

Best wishes,

{Your Name} | Dr. O'Callaghan Dental Care

### Special Offers / Whitening / Cosmetic Promo

**Subject:** Brighten Your Smile This Month!

Hi {FirstName},

Looking for a brighter, more confident smile? For a limited time, **Dr. O'Callaghan Dental Care** is offering:

**Teeth Whitening – {Discount}% off**

Available until {OfferEndDate}



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Spaces are limited, so book early to secure your spot.

Call us on 082 508 0117 or reply to this email.

Keep smiling,

Dr. O'Callaghan Dental Care

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### Thank You / Patient Appreciation

**Subject:** Thank You for Choosing Dr. O'Callaghan Dental Care

Dear {FirstName},

We'd like to sincerely thank you for trusting Dr. O'Callaghan Dental Care with your dental care. Your loyalty means the world to us.

We strive to provide the best care possible, and we'd love to hear your feedback. If you have a moment, please consider leaving us a review here: {GoogleReviewLink}.

With gratitude,

{Your Name} | Dr. O'Callaghan Dental Care

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### Data & Privacy Notice (When Patients Submit Forms Online)

**Subject:** Confirmation of Your Online Form Submission

Dear {FirstName},

Thank you for submitting your patient intake form online. This helps us reduce paper waste and keep your data secure.

Please note:

- Your information is stored in compliance with **POPIA (Protection of Personal Information Act)**
- Only authorized staff may access your details
- You can request access, correction, or removal of your data anytime

We look forward to welcoming you at your upcoming visit.

Kind regards,

{Your Name} | Dr. O'Callaghan Dental Care

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### Invoice / Payment Request

**Subject:** Invoice for Your Recent Visit – {InvoiceNumber}

Dear {FirstName},

This document is the property of Dr O'Callaghan and may not be copied, distributed, or used without prior written consent.

For technical support: Ulrich Lategan [web@drhenryocal.co.za](mailto:web@drhenryocal.co.za) or [info@ulilategan.co.za](mailto:info@ulilategan.co.za)

HPCSA Practice Number:

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Thank you for visiting **Dr O'Callaghan Dental Care** on {AppointmentDate}. Please find your invoice details below:

**Treatment:** {TreatmentName}

**Amount Due:** {InvoiceAmount}

**Due Date:** {DueDate}

**Invoice Number:** {InvoiceNumber}

**Payment Options:**

- **EFT / Bank Transfer:**

Bank: {BankName}

Account Name: {AccountName}

Account Number: {AccountNumber}

Branch Code: {BranchCode}

Reference: {InvoiceNumber}/{LastName}

- **In-Person Payment:** Debit/Credit Card or Cash at reception

If you have medical aid, kindly ensure claims are submitted with your membership number: {MedicalAidNumber}

Please settle your account by the due date to avoid interest charges.

Warm regards,

Dr O'Callaghan Dental Care Accounts Department

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### Payment Confirmation / Receipt

**Subject:** Payment Received – Thank You!

Dear {FirstName},

We have received your payment for invoice {InvoiceNumber}.

**Amount Paid:** {PaymentAmount}

**Date Received:** {PaymentDate}

**Balance Remaining:** {OutstandingBalance}

Thank you for settling your account promptly. A copy of your receipt is attached for your records.

Best regards,

Dr O'Callaghan Dental Care Accounts Team

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### Outstanding Balance / Reminder

**Subject:** Friendly Reminder: Balance Due on Your Account

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For technical support: Ulrich Lategan [web@drhenryocal.co.za](mailto:web@drhenryocal.co.za) or [info@ulilategan.co.za](mailto:info@ulilategan.co.za)

HPCSA Practice Number:

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Hi {FirstName},

We hope you are well. Our records show an outstanding balance of **{OutstandingAmount}** on your account.

**Invoice Number:** {InvoiceNumber}

**Due Date:** {DueDate}

Please arrange payment at your earliest convenience via EFT or in-person at our practice. If you have already made the payment, please disregard this message.

If you need to discuss a payment arrangement, our team is here to help. Contact us at [082 508 0117](tel:0825080117) or reply to this email.

Kind regards,

Dr O'Callaghan Dental Care Accounts

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### Account Statement (Monthly / Periodic)

**Subject:** Your Account Statement – {StatementDate}

Dear {FirstName},

Please find attached your detailed account statement for the period ending {StatementDate}.

**Current Balance:** {OutstandingBalance}

**Due Date:** {DueDate}

For your convenience, payments can be made via EFT or at the practice.

**EFT Payment Details:**

Bank: {BankName}

Account Name: {AccountName}

Account Number: {AccountNumber}

Branch Code: {BranchCode}

Reference: {InvoiceNumber}/{LastName}

Should you have questions about your account, kindly contact our accounts team at [admin@drhenryocal.co.za](mailto:admin@drhenryocal.co.za) or [082 508 0117](tel:0825080117).

Sincerely,

Dr O'Callaghan Dental Care Accounts